

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

AMERICAN REGISTRY OF RADIOLOGIC	§	
TECHNOLOGISTS	§	
	§	CIVIL NO. SA-12-CV-109- DAE
V.	§	
	§	
DIANE BENNETT	§	

**DECLARATION OF LAUREN J. WOOD IN SUPPORT OF
PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT**

LAUREN J. WOOD, Ph.D., hereby declares as follows:

1. I am the Director of Psychometric Services at The American Registry of Radiologic Technologists ("ARRT"). The statements made in this Declaration are based on my own personal knowledge unless otherwise indicated. The examinations at issue in this case are ARRT's Limited Scope of Practice in Radiography Examination and ARRT's Bone Densitometry Equipment Operators Examination, which are sometimes referred to as "the Examinations."

2. ARRT carefully protects the confidentiality of the questions appearing on its examinations. Questions which may appear on an examination are not released or made available to the public. In addition, ARRT uses non-disclosure agreements to protect its examination questions. ARRT requires that individuals seeking to sit for its examinations enter into a non-disclosure agreement with ARRT, in which they agree not to disclose questions appearing on the examinations, in whole or in part. ARRT examinations are currently administered on computer. Examples of the computer screens through which individuals seeking to sit for ARRT examinations, including the Limited Scope of Practice in Radiography and the

Bone Densitometry Equipment Operators Examinations, enter into non-disclosure agreements with ARRT are attached as **Exhibit A**. These computer screens are presented to the examinee at the test site at the time of test administration. Examples of written non-disclosure agreements undertaken by examinees are attached as **Exhibit B**. Even within ARRT, only certain individuals who have a legitimate business purpose and need to do so, are able to access examination questions through a secure computer network. The Psychometric Services area, where the test items are housed, is a secure area and access is restricted to a very limited number of ARRT staff. ARRT's facility is a locked and secure facility that is not open to the public. Visitors with appointments must sign in and be escorted by ARRT staff to and from their appointments.

3. The content of ARRT's item bank is of extraordinary value and importance to ARRT. ARRT was established to promote high standards of patient care by developing and administering examinations for individuals seeking certification or licensure in certain fields of medical imaging. Consistent with this mission, a number of States have entered into contracts with ARRT to use its examinations as state licensure examinations. The security and confidentiality of questions appearing on ARRT's examinations is critical. Without secure items, ARRT would not be able to offer these services or fulfill its mission. Given the steps ARRT has taken to maintain the confidentiality of its item bank, the content of ARRT's item bank cannot be acquired by others by proper means.

4. While the exact amount of ARRT's investment in the development of its item bank is difficult to quantify, it is a substantial investment that grows yearly. For example, ARRT expends approximately \$1,018 in direct development costs per test item. This amount does not include indirect costs. Thus, when ARRT was forced to retire at least 87 questions from use in

connection with its Limited Scope of Practice of Radiography Examination, it lost \$88,566 of the value of its investment in the direct development costs for those items.

5. ARRT has been awarded U.S. Copyright Registration No. TXu 1-279-139 covering its item bank. A copy of that registration certificate is attached as **Exhibit C** to this Declaration. ARRT's item bank includes the questions that have appeared on the Examinations. The ten examination questions, as to which statutory damages are sought, were in ARRT's item bank on the effective date of the copyright registration, which is March 8, 2006. Each of these ten items was in use on the Limited Scope of Practice in Radiography Examination on or before the date of Bennett's e-mails copying the item, which I understand are dated May 2008 and April 2009.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true.

Executed this 11 day of January, 2013.

A handwritten signature in black ink, appearing to read 'LJ Wood', written over a horizontal line.

Lauren J. Wood, Ph.D.

EXHIBIT A

to

**DECLARATION OF LAUREN J. WOOD IN
SUPPORT OF PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT**

Mrs. A Candidate [000-000]

Time Remained: 01:45

You have 2 minutes to respond to this screen. If no response is entered the exam session will end.

Non-Disclosure Agreement and General Terms Of Use For ARRT Examination Programs

This exam is confidential and is protected by trade secret law. It is made available to you, the examinee, solely for the purpose of assessing qualifications in the discipline referenced in the title of this exam. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting this exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of ARRT.

Please click on the response below to indicate whether you accept the terms of this agreement. Click on "A" to symbolize your signature and to accept these terms. You must click "A" to continue with the exam.

If you do NOT accept these terms, then click "N" and let the test center staff know that you are through with the exam. Clicking on "N" will end the exam. If you click on "N" and decide to examine at a future date, you will need to submit another application and fee.

- ☐ A. I accept the terms of this agreement
- ☐ N. I do NOT accept the terms of this agreement

Select the best response

Previous [B]

Next [N]

Item 1

ARRT000018

Radiography - Candidate Name

ExitItem2

To be safe...

...DO NOT DISCUSS THE QUESTIONS AND/OR ANSWERS FROM THIS EXAM WITH ANYONE AT ANY TIME.

Any disclosure of the specific content from this exam violates the Non-Disclosure Agreement that you consented to prior to beginning the exam and the Agreement of Candidates on your Application for Certification.

Please note that these agreements are legally binding and you will be subject to legal consequences for any violations of disclosure. In addition, if found to have disclosed any of ARRT's copyrighted items, you will be subject to various sanctions under the ARRT Standards of Ethics, up to and including permanent ineligibility for ARRT certification.

Next →

ARRT000019

Radiography - State Candidate

Exit Item 1

To be safe...

...DO NOT DISCUSS THE QUESTIONS AND/OR ANSWERS FROM THIS EXAM WITH ANYONE AT ANY TIME.

Any disclosure of the specific content from this exam violates the Non-Disclosure Agreement that you consented to prior to beginning the exam.

Please note that this document is legally binding and you will be subject to legal consequences for any violations of disclosure. In addition, we will share the results of our investigation with your state licensing agency which may lead to you being permanently barred from future examinations.

Next →

ARRT000020

EXHIBIT B

to

**DECLARATION OF LAUREN J. WOOD IN
SUPPORT OF PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT**



Pearson VUE Candidate Rules Agreement – ARRT

Please review the following information and ask the administrator if you have questions.

- ☐ I will not take any personal items into the testing room including, but not limited to, cellular phones, hand-held computers/personal digital assistants (PDAs) or other electronic devices, pagers, watches, wallets, purses, hats, bags, coats, books and notes. I will store these items in a secure area indicated by the administrator. The test center is not responsible for lost, stolen or misplaced personal items.
- ☐ Before I enter the testing room, the testing administrator will provide me with an erasable noteboard, a marker and any other items specified by the ARRT. I will not use these materials until after I have responded to the Non-Disclosure Agreement and will not remove them from the testing room at any time during the exam. If I need to clean my noteboard during the exam, I will raise my hand to get the administrator's assistance. I will return these items to the administrator immediately after the exam.
- ☐ The administrator will log me in to my assigned workstation, verify that I am taking the intended exam and start the exam. I will sit in my assigned seat. I understand that eating, drinking, smoking, chewing gum and making noise that creates a disturbance for other candidates are prohibited during the exam.
- ☐ To ensure a high level of security, the administrator will monitor me continuously while I take my exam. The session may be videotaped or otherwise recorded for security or other purposes.
- ☐ If I experience problems that affect my ability to take the exam, I will notify the administrator **immediately** by raising my hand. If I have other questions or concerns, the administrator will assist me as long as other candidates are not disturbed. I understand the administrator cannot answer questions related to exam content.
- ☐ I will have an opportunity to enter comments on each question during the exam, and my comments will be provided to the ARRT. If I have concerns about any of the questions as I work on the exam, I will enter a comment, make a note on the erasable board or mark an item for review onscreen.
- ☐ To request a break, I will raise my hand to get the administrator's attention. The exam timer will **NOT** stop while I am away. The administrator will set my testing workstation to the break mode, and I will leave the testing room. The administrator will sign me out after I leave the room. Before I return to my seat, the administrator will sign me in and will then resume my exam for me.
- ☐ While I am taking a break, I may not leave the building. I am permitted to access emergency personal items that I stored during the exam only if necessary—for example, if I need to take medication at a specific time. I am **NOT** allowed access to other items, including cellular phones, exam notes and study guides. I understand that if I leave the building for any reason I will not be able to resume my exam and will forfeit my exam fee.
- ☐ I will not remove copies of exam questions and answers from the testing room, and I will not share the questions or answers seen in my exam with other candidates. The exam and related materials utilized in the ARRT's exams are copyrighted as the sole property of the ARRT and must not be removed from the testing room or reproduced in any way; reproduction of copyrighted material, in whole or part, is a federal offense. Such activity may constitute grounds for the ARRT to bar me permanently from all future exams, to terminate my participation in the exam, to invalidate the results of my exam and any prior exams, to withhold my exam scores and/or to take any other appropriate action. The ARRT's decision on any such matter is final.
- ☐ After I finish the exam, I will be asked to complete an optional, onscreen evaluation of Pearson VUE. When I am finished, I will raise my hand. The administrator will come to my workstation and ensure my exam has ended properly. I will return the erasable noteboard and marker to the administrator, and the administrator will then sign me out.
- ☐ Exam results are encrypted and transmitted to Pearson VUE and the ARRT and are not available immediately after the exam. The testing center does not keep any information other than when and where my exam was taken. The ARRT or my state licensing agency will mail a score report to me within approximately four weeks after my exam.
- ☐ If I do not follow the rules, am suspected of cheating or tampering with the computer, or demonstrate irregular behavior, the issue will be reported to Pearson VUE, the ARRT, and the state licensing agency (if applicable). My exam may be invalidated, the ARRT may take other action such as canceling my score, and I will not be refunded my exam fee.

By providing a digital signature or by signing below, I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE and the ARRT (either of which may be outside of the country in which I am testing). I understand the information provided above and agree to abide by the Pearson VUE Candidate Rules Agreement - ARRT. In addition, I understand that if I am found to be in violation of any article listed above, this will constitute grounds for the ARRT to take appropriate punitive action up to and including terminating my participation in the exam, invalidating the results of this exam and any prior exam, and permanently barring me from all future examinations.

In addition, I understand I may be subject to an ARRT ethics investigation or even a federal court lawsuit for copyright infringement and/or breach of contract. Any information collected by an ARRT investigation may be forwarded to my state licensing agency for review of state ethics violations.

Name (Please print): _____ Date: _____
Signature: _____ Exam: _____

ARRT000965



Pearson VUE Candidate Rules Agreement – ARRT

Please review the following information and ask the administrator if you have questions.

- ☐ I will not take any personal items into the testing room including, but not limited to, cellular phones, hand-held computers/personal digital assistants (PDAs) or other electronic devices, pagers, watches, wallets, purses, hats, bags, coats, books and notes. I will store these items in a secure area indicated by the administrator. The test center is not responsible for lost, stolen or misplaced personal items.
- ☐ Before I enter the testing room, the testing administrator will provide me with an erasable noteboard, a marker and any other items specified by the ARRT. I will not use these materials until after I have responded to the Non-Disclosure Agreement and will not remove them from the testing room at any time during the exam. If I need to clean my noteboard during the exam, I will raise my hand to get the administrator's assistance. I will return these items to the administrator immediately after the exam.
- ☐ The administrator will log me in to my assigned workstation, verify that I am taking the intended exam and start the exam. I will sit in my assigned seat. I understand that eating, drinking, smoking, chewing gum and making noise that creates a disturbance for other candidates are prohibited during the exam.
- ☐ To ensure a high level of security, the administrator will monitor me continuously while I take my exam. The session may be videotaped or otherwise recorded for security or other purposes.
- ☐ If I experience problems that affect my ability to take the exam, I will notify the administrator **immediately** by raising my hand. If I have other questions or concerns, the administrator will assist me as long as other candidates are not disturbed. I understand the administrator cannot answer questions related to exam content.
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- ☐ While I am taking a break, I may not leave the building. I am permitted to access emergency personal items that I stored during the exam only if necessary—for example, if I need to take medication at a specific time. I am **NOT** allowed access to other items, including cellular phones, exam notes and study guides. I understand that if I leave the building for any reason I will not be able to resume my exam and will forfeit my exam fee.
- ☐ I will not remove copies of exam questions and answers from the testing room, and I will not share the questions or answers seen in my exam with other candidates. The exam and related materials utilized in the ARRT's exams are copyrighted as the sole property of the ARRT and must not be removed from the testing room or reproduced in any way; reproduction of copyrighted material, in whole or part, is a federal offense. Such activity may constitute grounds for the ARRT to bar me permanently from all future exams, to terminate my participation in the exam, to invalidate the results of my exam and any prior exams, to withhold my exam scores and/or to take any other appropriate action. The ARRT's decision on any such matter is final.
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- ☐ Exam results are encrypted and transmitted to Pearson VUE and the ARRT. Preliminary results may or may not be available immediately after the exam. The testing center does not keep any information other than when and where my exam was taken. The ARRT or my state licensing agency will mail an official score report to me within approximately four weeks after my exam.
- ☐ If I do not follow the rules, am suspected of cheating or tampering with the computer, or demonstrate irregular behavior, the issue will be reported to Pearson VUE, the ARRT, and the state licensing agency (if applicable). My exam may be invalidated, the ARRT may take other action such as canceling my score, and I will not be refunded my exam fee.

By providing a digital signature, I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE and the ARRT (either of which may be outside of the country in which I am testing). I understand the information provided above and agree to abide by the Pearson VUE Candidate Rules Agreement - ARRT. In addition, I understand that if I am found to be in violation of any article listed above, this will constitute grounds for the ARRT to take appropriate punitive action up to and including terminating my participation in the exam, invalidating the results of this exam and any prior exam, and permanently barring me from all future examinations. In addition, I understand I may be subject to an ARRT ethics investigation or even a federal court lawsuit for copyright infringement and/or breach of contract. Any information collected by an ARRT investigation may be forwarded to my state licensing agency for review of state ethics violations.

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- ☐ Before I enter the testing room, the testing administrator will provide me with an erasable noteboard, a marker and any other items specified by the ARRT. I will not use these materials until after the exam has started and will not remove them from the testing room at any time during the exam. If I need to clean my noteboard during the exam, I will raise my hand to get the administrator's assistance. I will return these items to the administrator immediately after the exam.
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- ☐ If I have concerns about any of the questions as I work on the exam, I will make a note on the erasable board or mark an item for review onscreen. I will have an opportunity to enter comments on each question during the exam, and my comments will be provided to the ARRT.
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By providing a digital signature or by signing below, I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE and to the exam sponsor (either of which may be outside of the country in which I am testing). I understand the information provided above and agree to follow the Rules. If I do not follow the Rules, or I am suspected of cheating or tampering with the computer, this will be reported to Pearson VUE and the exam sponsor, my exam may be invalidated, the sponsor may take other action such as decertifying me, and I will not be refunded my exam fee.

Name (Please print): _____ Date: _____

Signature: _____ Exam: _____



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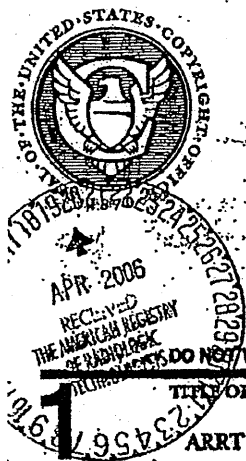
Name (Please print): _____ Date: _____
 Signature: _____ Exam: _____

EXHIBIT C

to

**DECLARATION OF LAUREN J. WOOD IN
SUPPORT OF PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT**

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Margbeth Peters

Register of Copyrights, United States of America

Form TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-279-139



EFFECTIVE DATE OF REGISTRATION

MAR 08 2006

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

TITLE OF THIS WORK

ARRT Test Item Bank

PREVIOUS OR ALTERNATIVE TITLES

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

If published in a periodical or serial give Volume Number Issue Date On Pages

NAME OF AUTHOR

The American Registry of Radiologic Technologists

DATES OF BIRTH AND DEATH
Year Born Year Died

Was this contribution to the work a work made for hire?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of USA

OR Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

☐ Yes ☐ No

Pseudonymous?

☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. Database consisting of over twenty thousand (20,000) test questions

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
Year Born Year Died

Was this contribution to the work a work made for hire?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of

OR Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

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Pseudonymous?

☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
Year Born Year Died

Was this contribution to the work a work made for hire?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of

OR Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

☐ Yes ☐ No

Pseudonymous?

☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

3
YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.
2005

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month

Day

Year

Nation

4
COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.

The American Registry of Radiologic Technologists

1255 Northland Drive

St. Paul, MN 55120

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED

MAR 08 2006

ONE DEPOSIT RECEIVED

MAR 08 2006

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK

Complete all applicable spaces (numbers 5-9) on the reverse side of this page. See detailed instructions. Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 1 Pages

ARRT000969

EXAMINED BY ZH FORM TX

CHECKED BY _____

☐ CORRESPONDENCE

Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work, already been made in the Copyright Office?

☒ Yes ☐ No If your answer is Yes why is another registration being sought? (Check appropriate box) ▼a ☐ This is the first published edition of a work previously registered in unpublished formb ☐ This is the first application submitted by this author as copyright claimantc ☒ This is a changed version of the work as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Examination booklets in various medical imaging specialties

6

Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

See instructions
before completing
this space

Editorial revisions and additional materials including test questions and answer keys

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account

Name ▼

Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Elizabeth C. Buckingham
Dorsey & Whitney LLP
50 South Sixth Street Suite 1500 Minneapolis MN 55402

Area code and daytime telephone number ► 612 343 2178

Fax number ► 612 340 8856

Email ► buckingham elizabeth@dorsey.com

CERTIFICATION* I the undersigned hereby certify that I am the

Check only one ►

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of The American Registry of Radiologic Technologists

Name of author or other copyright claimant or owner of exclusive right(s) ▲

of this work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

8

Typed or printed name and date ▼ If this application gives a date of publication in space 1 do not sign and submit it before that date

Mark Raymond

Date ► February 21, 2006

Handwritten signature (X) Mark RaymondX Feb 21, 2006Certificate
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Name ▼

Mark Raymond Ph D

Number/Street/Apt ▼

1255 Northland Drive

City/State/ZIP ▼

St Paul MN 55120

Complete all necessary spaces.
Sign your application in space 91 Application form
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9

17 U.S.C. § 506(e) Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409 or in any written statement filed in connection with the application shall be fined not more than \$2,500

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CONTINUATION SHEET FOR APPLICATION FORMS

- This Continuation Sheet is used in conjunction with Forms CA, PA, SE, SR, TX, and VA only. Indicate which basic form you are continuing in the space in the upper right hand corner.
- If at all possible, try to fit the information called for into the spaces provided on the basic form.
- If you do not have enough space for all the information you need to give on the basic form, use this Continuation Sheet and submit it with the basic form.
- If you submit this Continuation Sheet, clip (do not tape or staple) it to the basic form and fold the two together before submitting them.
- Space A of this sheet is intended to identify the basic application.
- Space B is a continuation of Space 2 on the basic application. Space B is not applicable to Short forms.
- Space C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, or 6 on the basic application or for the continuation of Space 1 on any of the three Short Forms PA, TX, or VA.

FORM TX /CON
UNITED STATES COPYRIGHT OFFICE

RE TXu 1-279-139



PA PAU SE SEG SEU SR SRU TX TXU VA VAU

EFFECTIVE DATE OF REGISTRATION

MAR 08 2006
(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

MAR 08 2006

Page 3 of 4 pages

DO NOT WRITE ABOVE THIS LINE FOR COPYRIGHT OFFICE USE ONLY

IDENTIFICATION OF CONTINUATION SHEET This sheet is a continuation of the application for copyright registration on the basic form submitted for the following work.

- **TITLE** (Give the title as given under the heading "Title of this Work" in Space 1 of the basic form)

A

Identification
of
Application

ARRT Test Item Bank

- **NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S)** (Give the name and address of at least one copyright claimant as given in Space 4 of the basic form or Space 2 of any of the Short Forms PA, TX, or VA)

The American Registry of Radiologic Technologists, 1355 Northland Dr., St Paul, MN 55120

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
Year Born Year Died

B

Continuation
of Space 2

Was this contribution to the work
a work made for hire?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR ☐ Citizen of ☐
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Pseudonymous? ☐ Yes ☐ No

If the answer to either
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instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed

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Year Born Year Died

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Was this contribution to the work
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☐ No

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Name of Country

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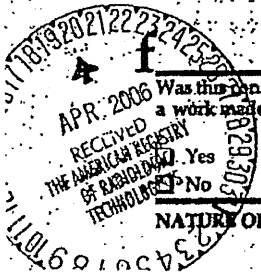
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CONTINUATION OF (Check which) ☐ Space 1 ☐ Space 4 ☐ Space 5**C**Continuation
of other
SpacesSpace 5 continuation**The American Registry of Radiologic Technologists®**1255 Northland Drive • St. Paul, Minnesota 55120-1155 • (651) 687-0048 • www.arrt.org**Attachment for Form TX – Section 5****February 21, 2006**

Year of Registration	Title of Work	Registration Number
October 2000	Limited Scope of Practice in Radiography	TX5-252-732
October 1999	Magnetic Resonance Imaging	TX5-117-546
	Computed Tomography	TX5-117-547
	Cardiovascular-Interventional Technology	TX5-117-548
	Radiation Therapy	TX5-117-550
	Nuclear Medicine Technology	TX5-117-551
	Radiography	TX5-117-552
	Quality Management	TX5-117-553
October 1998	Mammography	TX4-885-836

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window
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address

Name ▼	Mark Raymond
Number/Street/Apt ▼	1255 Northland Drive
City/State/ZIP ▼	St. Paul, MN 55120

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Sign your application

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